Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/20/201</u> 0	Address:	In front of
Case #:	<u>14F40326</u>		403 South Grace Ave
County:	Montgomery		Crawfordsville, IN
Type of Laboratory Scizure (check one) ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	theck all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (hedroom, kitchen, open zir, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
∑ Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes 3 (er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erehant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Crawfordsville FD	Fax: <u>765-364-5198</u>	
Health Department: Montgomery County		Fax: <u>765-3</u> Fax: 765-3	
Child Prote	ction Service: Montgomery County		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Timothy Kendall</u> Phone <u>7655672125</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.